

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee American Media & Advocacy Group		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016
Mailing Address 815 Slaters Lane		Amount 1398786.88
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure Media Placement	Category/Type 004	Transaction ID : 001 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016
Name of Federal Candidate Eggman, Michael, ,		Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 3135396.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee American Media & Advocacy Group		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016
Mailing Address 815 Slaters Lane		Amount 74550.00
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure Media Placement	Category/Type 004	Transaction ID : 002 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016
Name of Federal Candidate Eggman, Michael, ,		Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 3209946.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1473336.88
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, ,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 02 / 2016

Signature

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y</div> </div>	

Full Name of Payee Honold Communications		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 252 9th Street, NE		Amount 19000.00	
City Washington	State DC	Zip Code 20002	Transaction ID : 003
Purpose of Expenditure Media Production	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016
Name of Federal Candidate Eggman, Michael, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	<input checked="" type="checkbox"/> House District: 10 State: CA
Calendar Year-To-Date Per Election for Office Sought	3228946.96	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▶

Full Name of Payee The Prosper Group Corporation		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 435 East Main Street Suite 250		Amount 47040.00	
City Greenwood	State IN	Zip Code 46143	Transaction ID : 004 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016
Purpose of Expenditure Media Placement		Category/ Type 004	
Name of Federal Candidate Eggman, Michael, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 10 State: CA
Calendar Year-To-Date Per Election for Office Sought		3275986.96	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	66040.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	1539376.88

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

[Electronically Filed]

Signature

Date _____